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Bib Data Sheet

<b>SERIAL NUMBER</b> 09/634,054	<b>FILING DATE</b> 08/08/2000 <b>RULE</b> -	<b>CLASS</b> 604	<b>GROUP ART UNIT</b> 3762	<b>ATTORNEY DOCKET NO.</b> P00005US (53783.1P)	
<b>APPLICANTS</b> David A. Newsome, M.D., New Orleans, LA ; <i>YES KCS for MJH</i>					
<b>** CONTINUING DATA *****</b> THIS APPLICATION IS A CIP OF 09/160,106 09/24/1998 PAT 6,101,411					
<b>** FOREIGN APPLICATIONS *****</b> <i>None KCS for MJH</i>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 09/28/2000</b>					
<b>Foreign Priority claimed</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <b>35 USC 119 (a-d) conditions met</b> <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>KCS for MJH</i> Examiner's Signature Initials		<b>STATE OR COUNTRY</b> LA	<b>SHEETS DRAWING</b> 4	<b>TOTAL CLAIMS</b> 33	<b>INDEPENDENT CLAIMS</b> 11
<b>ADDRESS</b>					
22920					
<b>TITLE</b>					
Dilation enhancer with pre-medicated contact lenses					
<b>FILING FEE RECEIVED</b> 529	<b>FEES:</b> Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		